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| ADMINISTRATIVE INFORMATION *for Data Use Agreements (DUA)* |
| University of Houston Principal Investigator | University of Houston Secondary Contact |
| Last:  | First: | Last:  | First: |
| Email:  | Phone #:  | Email:  | Phone #:  |
| Department:  | Data is (select one):☐ Incoming (Sections A, B, C)☐ Outgoing (Sections A, B, D)☐ Both (All Sections) |
|  |
| 1. INFORMATION ABOUT THE DATA
 |
| 1. Brief description of the data:
 |  |
| * Sending to:
 |  |
| * Receiving from:
 |  |
| 1. Is the data related to human subjects?
 | ☐ Yes☐ No |
| 1. If yes, please respond to the following:
 |
| * Please review the definitions of [Protected Health Information](https://www.uh.edu/legal-affairs/general-counsel/protection-and-confidential-information/HIPAA%20AND%20MEDICAL%20PRIVACY%20Guidelines%20for%20Faculty%20Staff%20and%20Students%20Relating%20to%20Protected%20Health%20Information.pdf), [Limited Data Set](https://uh.edu/research/sponsored-projects/contracts/data-use-agreement/limited-data-set-reference.pdf), and [de-identified data](https://uh.edu/research/sponsored-projects/contracts/data-use-agreement/limited-data-set-reference.pdf) (if you have any questions about the classification of the data, contact [the IRB](https://acp.stanford.edu/privacy/privacy-office) Office @ cphs@central.uh.edu).
 | This data is:**Personally identifiable information not gathered in a healthcare setting** |
| * Does the data contain “educational records” as defined by the Family Educational Rights and Privacy Act (FERPA)[[1]](#footnote-1)
 | ☐ Yes☐ No |
| * Provide one of the following:
* IRB protocol number for use of the data:
* Attach IRB approval/determination letter
 |
| 1. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)?
 | ☐ Yes☐ NoIf yes, describe: |
| 1. Is the data considered [export controlled information](http://www.uh.edu/research/compliance/export-controls/)?
 | ☐ Yes☐ No |
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| 1. USE, TRANSFER AND STORAGE OF THE DATA
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| 1. Brief description of how the data will be used:
 |  |
| 1. Will the data be used for:
 | Select one:Choose an item. |
| * If Sponsored Research:
 | Select one:☐ Proposal # and Title: ☐ Proposal in progress |
| * If Sponsored Research, does the sponsor claim ownership of the data and/or restrict disclosure and use of the data?
 | ☐ Yes☐ NoIf yes, refer to the terms and conditions of the grants, contracts, agreements, etc. governing the sponsored research project. |
| 1. Will the data be combined with data from other sources?
 | ☐ Yes☐ NoIf yes, provide the source: |
| 1. Will the scope of work involve any existing University of Houston intellectual property?
 | ☐ Yes☐ No |
| 1. Do you anticipate intellectual property evolving from the use of the data?
 | ☐ Yes☐ No |
| 1. How will the data be accessed, received, or provided?
 | Select all that apply:☐ Paper☐ Flash-drive/hard drive☐ Electronic portal ☐ Download ☐ View only☐ Electronic transfer:      ☐ University of Houston server access☐ Other:  |
|  |
| 1. FOR INCOMING DATA ONLY
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| 1. How/where will the data be stored?
 | ☐ N/A: Data will not be stored at the University of Houston, or is only available for view-only access.  |
| 1. Specify the physical security standards in place:
 |
| 1. Provide the contact information for your department IT person:
 |
| 1. Will the results of your activity be shared with any outside (non-UH) parties?
 | ☐ Yes☐ NoIf yes, identify the party(ies): |
| 1. Will the data be shared with any outside (non-UH) parties?
 | ☐ Yes☐ NoIf yes, identify the party(ies): |
| 1. Will the data be shared with/accessed/used by anyone at UH other than the PI?
 | ☐ Yes☐ NoIf yes, identify the party(ies): |
| 1. Is there a cost associated with receiving the data?
 | ☐ Yes☐ NoIf yes, how will the costs be covered: |
|  |
| 1. FOR OUTGOING DATA ONLY
 |
| 1. Was the data gathered, or will it be gathered, as part of a sponsored project?
 | ☐ Yes☐ NoIf yes, provide the Proposal # and Title : |
| 1. The data will be provided as part of a collaborative research project and result in a joint publication?
 | ☐ Yes☐ No |
| 1. Will the requester combine the data with materials from other sources?
 | ☐ Yes☐ NoIf yes, explain : |
| 1. Do you require the requester to share its results with you?
 | ☐ Yes☐ No |
| 1. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).
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DATA USE AGREEMENT CERTIFICATION

The Principal Investigator agrees to:

* 1. Use or disclose the DATA only as permitted by this Agreement or as required by law;
	2. Use appropriate safeguards to prevent use or disclosure of the DATA other than as permitted by this Agreement or required by law;
	3. Report any use or disclosure of the DATA of which it becomes aware that is not permitted by this Agreement or required by law, including the presence of prohibited identifiers in the DATA;
	4. Require any of its subcontractors or agents that receive or have access to the DATA to agree to the same restrictions and conditions on the use and/or disclosure of the DATA that apply to Recipient under this Agreement; and
	5. Not use the information in the DATA, alone or in combination to identify or contact the individuals who are data subjects.

By: \_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Title: \_\_\_\_\_\_\_\_

1. **Educational Records**: records that are: directly related to the student and maintained by an educational agency or institution or by a party acting for the agency or institution. [↑](#footnote-ref-1)